

Best Available Copy

CLAIMS ONLY							Application Number <u>10705496</u>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2	<i>cancel</i>						52			
3	1						53			
4	<i>cancel</i>						54			
5	1						55			
6	<i>cancel</i>						56			
7	1						58			
8	1						59			
9	1						60			
10	1						61			
11	1						62			
12	1						63			
13	1						64			
14	1						65			
15	1						66			
16	1						67			
17							68			
18							69			
19							70			
20							71			
21	<i>cancel</i>						72			
22							73			
23	1						74			
24	1						75			
25	1						76			
26	1						77			
27	1						78			
28	1						79			
29	1						80			
30	1						81			
31	1						82			
32	1						83			
33	1						84			
34	1						85			
35	1						86			
36	<i>cancel</i>						87			
37							88			
38							89			
39							90			
40							91			
41							92			
42							93			
43							94			
44							95			
45							96			
46							97			
47							98			
48							99			
49							100			
50							Total			
Total	18						Indep			
Indep	20						Total			
Total	20						Depend			
Depend							Total			
Total	27						Depend			
Claims	27						Total			
							Claims			